

Name of Site _____

CACFP ENROLLMENT FORM

(ONE ENROLLMENT FORM PER CHILD)

Section 1	Name of Participant (Last name, First name)	Date of Birth (mm/dd/yyyy)
Section 2 Name of Parent/Guardian		
Home Address:		
Home #:	Cell #:	Work #:

Section 3

Please indicate the typical hours and days of care that this participant will attend:

Days in Care	Usual Hours in Care	Usual Meals to be Received While in Care	
<input type="checkbox"/> Monday	to	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack
<input type="checkbox"/> Tuesday	to		
<input type="checkbox"/> Wednesday	to		
<input type="checkbox"/> Thursday	to		
<input type="checkbox"/> Friday	to		
<input type="checkbox"/> Saturday	to		
<input type="checkbox"/> Sunday	to		
<input type="checkbox"/> Non-school days/holidays	to		

*Parent/Guardian works multiple shifts and participants may be in care different days/hours ____yes ____no

Do you supply any food to the center for the participant's meals due to medical or religious reasons?

If Yes, please list foods supplied:

Section 4_**Parent/Guardian Signature****Date**

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